Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEE TRANSMITTAL** **For FY 2007** ☐ Applicant claims small entity status. See 37 CFR 1.27	**Complete if Known**	
	Application Number	10/634,334
	Filing Date	August 4, 2003
	First Named Inventor	William S. Halliday, et al.
	Examiner Name	PHILIP C. TUCKER
	Art Unit	1712
TOTAL AMOUNT OF PAYMENT ($) 130.00	Attorney Docket No.	154-23110-USCP

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☑ Deposit Account   Deposit Account Number: 02-0429   Deposit Account Name: Baker Hughes Incorporated

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☑ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☑ Charge any additional fee(s) or underpayments of fee(s)   ☑ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid ($)
	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

	Multiple Dependent Claims	
	Fee ($)	Fee Paid ($)
	_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x	_____	= _____

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer under 37 CFR 1.20(d) [1814]

	Fees Paid ($)
	130.00

SUBMITTED BY

Signature	/David L. Mossman/	Registration No. (Attorney/Agent) 29,570	Telephone 512/219-4026
Name (Print/Type)	David L. Mossman		Date 06/11/2007